1. Agency Name Governor's Office Division, Department, or Region (if applicable)  Street Address State Capitol, Sacramento CA 95814  Area Code/Phone Number (916) 445-0210 Agency Contact (name and title) Julie Lee, Director of Operations  A Public Document  GIFT TO AGENCY California Form  For Official Use Contact (applicable)  OCT 2 1 2014  GOVERNORS OFFICE LEGAL AFFAIRS  Amendment (explain in comment section) Date of Original Filing:  (month. day. year)	01
Governor's Office  Division, Department, or Region (if applicable)  Street Address State Capitol, Sacramento CA 95814  Area Code/Phone Number [916) 445-0210  Agency Contact (name and title) Julie Lee, Director of Operations  COCT 2 1 2014  GOVERNORS OFFICE LEGAL AFFAIRS  Amendment (explain in comment section)  Date of Original Filing: (month. day, year)	NO I
Street Address State Capitol, Sacramento CA 95814  Area Code/Phone Number [Semail]  (916) 445-0210  Agency Contact (name and title)  Julie Lee, Director of Operations  OCT 2 1 2014  GOVERNORS OFFICE LEGAL AFFAIRS  Amendment (explain in comment section)  Date of Original Filing:  (month. day, year)	-
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State Capitol, Sacramento CA 95814  Area Code/Phone Number [E-mail]  (916) 445-0210  Agency Contact (name and title)  Julie Lee, Director of Operations  2. Donor Name and Address	-
State Capitol, Sacramento CA 95814  Area Code/Phone Number (916) 445-0210  Agency Contact (name and title)  Julie Lee, Director of Operations  LEGAL AFFAIRS  Amendment (explain in comment section)  Date of Original Filing: (month. day. year)	_
(916) 445-0210  Agency Contact (name and title)  Julie Lee, Director of Operations  2. Donor Name and Address	_
(916) 445-0210  Agency Contact (name and title)  Julie Lee, Director of Operations  2. Donor Name and Address	_
Julie Lee, Director of Operations  2. Donor Name and Address	-
Julie Lee, Director of Operations  2. Donor Name and Address	
☐ Individual San Bernardino County Sheriff	
Last Name First Name Name	
655 East Third Street San Bernardino CA 92415	
Address City State Zip Code	
County Sheriff	
If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.	
If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:	
¢.	
Name Amount Name Amount	t
3. Payment Information	
Date and Amount of Payment (other than travel) (month, day, year) \$ (Round to whole dollars)	
Travel Payment Information (Round to whole dollars) Location of Travel Sacramento to Weed to Oakland	
B/21/2014 \$ 1039 \$ Lodging Expenses \$ Meal Expenses Other Expenses \$ Total Expenses	2000
Provide a specific description of the nature and use of the payment for official agency business:	1303
The donation of this flight allowed the Governor to attend a meeting of the California State Sheriffs Association.	
The defiation of this high allowed the Governor to attend a meeting of the California State Sherris Association.	
Identify the officials for whom the payment was used:	
Brown Jr. Edmund G. Governor Governor's Office	
Last Name First Name Title Department/Division	
Last Name First Name Title Department/Division	
	PROBLEM TO 100
l. Verification	
I. Verification  I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described at	ove.
I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described at	ove.
I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described at Outlier Lee Director of Operations 10-2/2	ove.
O = 1 - 4	ove. <u>- / s</u> yeaf)
I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described at Outlie Lee Director of Operations 10-2/2	ove. -/y year)

Gift to Agency Report	A Public I	<b>Document</b>		GIFT TO AGENCY REPORT
1. Agency Name			Pate Stamp/	California OOA
Governor's Office			LOCIE L	Form 801
Division, Department, or Reg	ion (if applicable)		SEP 3 0 2015	For Official Use Only
Street Address			GOVERNORS OFFICE LEGAL AFFAIRS	
State Capitol, Sacramento	CA 95814		LEGALATIANO	
Area Code/Phone Number	E-mail		Amendment (explain in	n comment section)
(916) 445-0210			Amendment (explain ii	i comment secuony
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Julie Lee, Director of Opera	tions			(onut, day, your)
2. Donor Name and Addres	SS			
☐ Individual		☑ Other	United Brotherhood o	f Carpenters
Last Name	First Name	- Mount	N	ame
101 Constitution Ave., NW	Washington		DC State	20001
	City		State	Zip Code
Industry Group  If "Other" is marked, describe the entity's	business activity (if business) or its nature and	interests		
			-11-0-1-5-0-1	
n applicable, identity the name t	of each source and the amount(s) soli	icited or receive	ed by the donor for this git	t:
	\$			\$
Name 3. Payment Information	Amount	37.54 (4.85)	Name	Amount
Date and Amount of Payme	ent (other than travel) (month, day, year)	_ \$	(Round to whole dollars)	
Travel Payment Information	n (Round to whole dollars) Location o	f Travel Sou	th Lake Tahoe, CA to I	_as Vegas, NV
August 24, 2015\$_	10,254.13 nsportation Expenses Lodging Expenses	\$	\$	\$\$
	iption of the nature and use		500 500 500 500 500 500 500 500 500 500	
The donation of this flight all The Governor was in South	owed the Governor to speak at th Lake Tahoe for the Lake Tahoe S	e United Brot Summit	herhood of Carpenters'	General Convention.
Identify the officials for v	whom the payment was used	l:		
Brown Jr.	Edmund G.	Governor	Cov	ornorio Office
Last Name	First Name		Title GOV	ernor's Office Department/Division
				e en de la la companya de la company
Last Name	First Name	<del></del>	Title	Department/Division
I. Verification				
	interests of the agency to accept the	a aift and use it	for the official account	
Thave determined that it is in the	interests of the agency to accept this	s giit and use it	tor the oπicial agency bus	siness described above.
01:1				
July du	Julie Lee	Direc	tor of Operations	7-30-15
Signature of Agency Head of Designe	e Print Name		Title	(month, day, year)
Comment: (Use this space or an	attachment for any additional information.,	)		2

Gift to Agency Report		A Public Documen	t -	GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California OO4
Governor's Office			RECEIVE	Form 801
Division, Department, or Regi	on (if applicable)		B Marson World Date of the Control o	For Official Use Only
			SEP 3 0 2015	j
Street Address			GOVERNORS OFF	FICE.
State Capitol, Sacramento (			LEGAL AFFAIR	
Area Code/Phone Number	E-mail		Amendment (expla	in in comment section)
(916) 445-0210			Date of Original Fili-	
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Julie Lee, Director of Opera				
2. Donor Name and Addres	is			
Individual Last Name	First Na	⊠ Other	Allen & Co.	Name
1401 South Florida Avenue		Lakeland	FL	33803
Address		City	State	Zip Code
Investment Bank				
If "Other" is marked, describe the entity's	business activity (if business	s) or its nature and interests.		
If applicable, identify the name of	of each source and the	amount(s) solicited or receive	ved by the donor for this	gift:
	_			
Name	\$	mount	Name	\$
3. Payment Information	The second secon		***	
Sin Siy Processory Andrews Andrews Andrews Company of the Andrews Andr	<b>n</b> +	•		
Date and Amount of Payme	III (other than travel)	(month, day, year)	(Round to whole dollars)	
Travel Payment Information	1 (Round to whole dollars)	Location of Travel To	ronto, Canada to Sun	Valley, Idaho
			Annual de la constantina della	
July 8, 2015  Date(s) of Travel  S_	56,440 \$	784 \$	penses SOther Expe	\$ 57,224 Total Expenses
Provide a specific descri				
			_	(A)
The donation of this flight all where the Governor spoke.	The Governor	and his Press Secretary to his Press Secretary has be	attend the Allen & C	o. Sun Valley Retreat, Climate Summit of the
Americas		no no constant mas as	on an increme for the	Omnate Cammin of the
Identify the officials for v	vhom the paymer	nt was used:		
Brown Jr.  Last Name	Edmund G.	Governor		overnor's Office
Last Wallie	First Name		Title	Department/Division
Westrup	Evan	Press Secr		overnor's Office
Last Name	First Name		Title	Department/Division
1. Verification				
I have determined that it is in the	interests of the agend	cy to accept this gift and use	it for the official agency i	business described above.
$\sim$ .				
Chilie Tu	Julie Lee	Dire	ctor of Operations	9-30-10
Signature of Agency Head or Designer		nt Name	Title	(month, day, year)
Comment: (Use this space or an	attachment for any addit.	ional information \		
2 37777 OTTE 1000 tino opace of all	accomment for any additi	ona mormadon.j		
See Attached.				

Comment to Form 801, submitted by the Governor's Office on September 30, 2015:

The valuation of the flight was based on the cost of chartering a flight, as required by the Commission's Regulations. (FPPC Regulation 18946.5.) The actual cost to Allen & Co. was much lower, as they own the plane on which the Governor travelled.